

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

WYETH, a Delaware corporation,)	
)	
Plaintiff,)	
)	
vs.)	C.A. No. 06-663-SLR
)	
CORDIS CORPORATION, a Florida)	
corporation,)	
)	
Defendant.)	
)	

**PLAINTIFF’S SUPPLEMENTAL SUBMISSION IN OPPOSITION TO
DEFENDANT CORDIS CORPORATION’S “MOTION TO DISMISS
PURSUANT TO FEDERAL RULE OF CIVIL PROCEDURE 12(B)(1) OR, IN THE
ALTERNATIVE, TO DISMISS OR STAY THIS ACTION PENDING RESOLUTION OF
THE CO-PENDING ACTION IN THE DELAWARE COURT OF CHANCERY”**

On February 12, 2007, plaintiff Wyeth filed its answering brief in opposition to Cordis’s motion to dismiss (D.I. 24). After Wyeth filed that brief, it located the attached Annual Reports filed by Cordis with the Florida Secretary of State for each year from 2002 to 2006 (Exs. A-E). Each of those reports was signed by a Cordis Vice President and each certified (in an affirmation made “with the same legal effect as if made under oath”) that Cordis’s “Principal Place of Business” was Miami Lakes, Florida. These documents confirm that Cordis’s principal place of business is in Florida and, accordingly, that there is diversity jurisdiction.

Before it filed its Opposition, Wyeth sought from Cordis (on December 5, 2006): “All documents prepared by or on behalf of Cordis since 2000 describing the location of Cordis’s principal place of business as Florida.” (Wyeth Doc. Req. 4). In response, on January 4, 2007, Cordis agreed to produce non-privileged, responsive documents. Cordis did not, however, produce to Wyeth the Annual Reports attached as Exhibits A-E. Because Wyeth just

located these documents, after the filing of its answering brief, it submits them for consideration by the Court.

MORRIS, NICHOLS, ARSHT & TUNNELL LLP

/s/ Jack B. Blumenfeld

Jack B. Blumenfeld (#1014)

Rodger D. Smith II (#3778)

1201 N. Market Street

P.O. Box 1347

Wilmington, DE 19801

(302) 658-9200

Attorneys for Plaintiff Wyeth

Of Counsel:

William F. Lee

WILMER CUTLER PICKERING

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(617) 526-6000

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William G. McElwain

Amy Kreiger Wigmore

Tracey C. Allen

WILMER CUTLER PICKERING

HALE AND DORR LLP

1875 Pennsylvania Avenue, NW

Washington, DC 20006

(202) 663-6000

February 20, 2007

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on February 20, 2007 I electronically filed the foregoing with the Clerk of the Court using CM/ECF, which will send notification of such filing(s) to the following:

Richard L. Renck
Ashby & Geddes
rrenck@ashby-geddes.com

I also certify that copies were caused to be served on February 20, 2007 upon the following in the manner indicated:

BY HAND

Lawrence C. Ashby
Steven J. Balick
Richard L. Renck
ASHBY & GEDDES
222 Delaware Ave.
P.O. Box 1150
Wilmington, DE 19899

BY EMAIL

Gregory L. Diskant
gldiskant@pbwt.com
Michael J. Timmons
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Rosa E. Son
reson@pbwt.com
PATTERSON, BELKNAP, WEBB & TYLER LLP
1133 Avenue of the Americas
New York, NY 10036

/s/ Jack B. Blumenfeld

Jack B. Blumenfeld (#1014)

EXHIBIT A

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 13, 2006 08:00 A
Secretary of State



DOCUMENT # 223417		
1. Entity Name CORDIS CORPORATION		
Principal Place of Business 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014		Mailing Address 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11000001455451 03/23/06-800008-025 158.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PRATI, J L 14201 NW 60TH AVE MIAMI, FL 33014	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DM LEBEAU, G J 14201 NW 60TH AVE. MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT REICHERT, FREDERICK ONE JOHNSON & JOHNSON NEW BRUNSWICK, NJ	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPS ROTH, E JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL NEW BRUNSWICK, NJ 08933	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with an other like empowered.		
SIGNATURE: <u><i>Joseph L. Prati</i></u> JOSEPH L. PRATI 2/15/06 786-313-8901		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

EXHIBIT B

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED****Feb 03, 2005 08:00 A
Secretary of State**

DOCUMENT # 223417 1. Entity Name CORDIS CORPORATION					
Principal Place of Business 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES FL 33014			Mailing Address 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES FL 33014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATI, J L		NAME		
STREET ADDRESS	14201 NW 60TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33014		CITY - ST - ZIP		
TITLE	DM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEBEAU, G J		NAME		
STREET ADDRESS	14201 NW 60TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES FL 33014		CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHERT, FREDERICK		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS		
CITY - ST - ZIP	NEW BRUNSWICK NJ		CITY - ST - ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTH, E		NAME		
STREET ADDRESS	JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL		STREET ADDRESS		
CITY - ST - ZIP	NEW BRUNSWICK NJ 08933		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joseph L. Prati</u>			SIGNATURE: <u>JOSEPH L. PRATI</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>1/28/05</u>		
			Daytime Phone: <u>786-313-8900</u>		



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0870525 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

 FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE VP
 NAME PRATI, J L ☐ Delete
 STREET ADDRESS 14201 NW 60TH AVE
 CITY - ST - ZIP MIAMI FL 33014

 TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE DM
 NAME LEBEAU, G J ☐ Delete
 STREET ADDRESS 14201 NW 60TH AVE.
 CITY - ST - ZIP MIAMI LAKES FL 33014

 TITLE
 NAME 000000213684 ☐ Change ☐ Addition
 STREET ADDRESS 02/03/05-80078-015 158.75
 CITY - ST - ZIP

 TITLE AT
 NAME REICHERT, FREDERICK ☐ Delete
 STREET ADDRESS ONE JOHNSON & JOHNSON
 CITY - ST - ZIP NEW BRUNSWICK NJ

 TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE DVPS
 NAME ROTH, E ☐ Delete
 STREET ADDRESS JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL
 CITY - ST - ZIP NEW BRUNSWICK NJ 08933

 TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L. Prati JOSEPH L. PRATI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/28/05

Daytime Phone

786-313-8900

Daytime Phone

EXHIBIT C

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 047 ***150.00


DOCUMENT # 223417					
1. Entity Name CORDIS CORPORATION					
Principal Place of Business 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014			Mailing Address 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0870525	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For, Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$530.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, THOMAS		NAME	PRATI, J L	
STREET ADDRESS	14201 NW 60TH AVE		STREET ADDRESS	14201 N W 60th AVE.	
CITY-ST-ZIP	MIAMI, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	DCM	<input checked="" type="checkbox"/> Delete	TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCE, R.W.		NAME	LEBEAU G J	
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS	14201 N W 60th AVE.	
CITY-ST-ZIP	NEW BRUNSWICK, NJ		CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, FREDERICK		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK, NJ		CITY-ST-ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, E		NAME		
STREET ADDRESS	JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08933		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joseph L. Prati</i></u> VP			Date: <u>4/26/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>186-313-8900</u>		

EXHIBIT D

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90076 012 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 223417

1. Entity Name
CORDIS CORPORATION

Principal Place of Business

14201 NW 60TH AVE
P.O. BOX 025700
MIAMI LAKES, FL 33014

Mailing Address

14201 NW 60TH AVE
P.O. BOX 025700
MIAMI LAKES, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0870525Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when submitting)

DATE

FILE NOW!! FEE IS \$160.00
 After May 15, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	FOWLER, THOMAS	14201 NW 60TH AVE	MIAMI, FL 33014	<input type="checkbox"/>
D	HILTON, JAMES	ONE JOHNSON & JOHNSON PLAZA	NEW BRUNSWICK, NJ 08933	<input checked="" type="checkbox"/>
DCM	CROCE, R.W.	ONE JOHNSON & JOHNSON	NEW BRUNSWICK, NJ	<input type="checkbox"/>
AT	REICHERT, FREDERICK	ONE JOHNSON & JOHNSON	NEW BRUNSWICK, NJ	<input type="checkbox"/>
AT	PRATI, JOSEPH	ONE JOHNSON & JOHNSON	NEW BRUNSWICK, NJ	<input checked="" type="checkbox"/>
DVPS	ROTH, E	JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL	NEW BRUNSWICK, NJ 08933	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas L. Fowler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-CFO 3/14/03 786-313-2000

Thomas L. Fowler

CPE004 (10/02)

EXHIBIT E

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90027 010 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # 223417 1. Entity Name CORDIS CORPORATION					
Principal Place of Business 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES FL 33014		Mailing Address 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES FL 33014			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0870525 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, THOMAS		NAME		
STREET ADDRESS	14201 NW 60TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33014		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILTON, JAMES		NAME		
STREET ADDRESS	ONE JOHNSON&JOHNSON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK NJ 08933		CITY-ST-ZIP		
TITLE	DVP <input checked="" type="checkbox"/> Delete		TITLE	DCM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORBAN, JOSEPH		NAME	CROCE, R.W.	
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS	ONE JOHNSON & JOHNSON	
CITY-ST-ZIP	NEW BRUNSWICK NJ		CITY-ST-ZIP	NEW BRUNSWICK, NJ	
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHERT, FREDERICK		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK NJ		CITY-ST-ZIP		
TITLE	AT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATI, JOSEPH		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK NJ		CITY-ST-ZIP		
TITLE	DVPS <input checked="" type="checkbox"/> Delete		TITLE	DVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLOWAY, PETER S		NAME	ROTH, E	
STREET ADDRESS	JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL		STREET ADDRESS	ONE JOHNSON & JOHNSON	
CITY-ST-ZIP	NEW BRUNSWICK NJ 08933		CITY-ST-ZIP	NEW BRUNSWICK, NJ	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas L. Fowler</u> Thomas L. Fowler 305-824-2000					